Under the Peperwork Reduction Act of 1895, no periods are required to respond to a collection of information unbest I displays a visid CMB control number. U.S. Poleri and Trademark Office; U.S. DEPARTMENT OF COAMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875. Effective December 8, 2004 20,85 APPLICATION AS FILED - PARTI OTHER THAN (Column 1) (Coining 2) SMALL ENTITY OR SMALL ENTITY FOR MUMBER FILED HUMBER EXTRA BASIC FEE (3) CFR 1 16(1) (6) & (6)) RATE (\$1 FEE (I) RATE (1) FEEIS NVA N/A HVA 150.00 SEARCHFEE ŇIA 300.00 NA (37 CFR 1 16(N). 14, or [m] N/A NA \$250 NIA \$500 EXAMINATION FEE (37 CFR 1 1610), (p), or (q)) NA N/A NA \$100 NA TOTAL CLAIMS \$200 (37.CFR 1 16(0) X\$ 25 MINUS 20 . X\$50 INDEPENDENT CLAIMS OR (37 CFR 1 16(h)) X100 ■ C wnm X200 If the specification and drawings expeed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$260 (\$125 for small entity) for each 137 CFR 1 16(4) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1,16(a) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 1601) +180= +360= the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 2) OTHER THAN (Column 1) (Column 3): OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT MUMBER RATE (\$) ADDI-AFTER MENOMENT Anult RATE (\$) PREVIOUSLY ENDMENT **EXTRA** TIONAL PAID FOR TIONAL FEE (1) pi cre Lien Minus FEE (1) 62 (DF X\$ 25 X\$50 OR Minus X100 X200 OR Application Size Fée (37 CFR 1.16(s)) frat presentation of multiple dependent claim. (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) AFTER. PREVIOUSLY EXTRA ADOI-TIONAL FEE (4) MENOMENT PAID FOR TIONAL FEE (1) Total Minus X\$ 25 X\$50 OR indipendent . Minus X100 X200 OR Application 5 tz 6 f40 (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.160) +180= +360a OR TOTAL TOTAL the entry in column 1 is less than the entry in column 2, write "or in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the entropriate box in column 1.

It collection of information is required by 37 CFR 1.16. The knormation is required to obtain or retain a benefit by the public which is to file (and by the Potoses) an application. Confidentiality is poremed by 35 U.S.Q. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding patients, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commentation of the you require to complete this form and/or suppedions for reducing this burden, should be cant to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. OR ADD'L FEE